



	SEX M / F	FATHER'S / HUSBAND'S NAME	PAN NUMBER	MARITAL STATUS	RELATIONSHIP WITH THE FIRST APPLICANT
FIRST					
SECOND					
THIRD					

OVERSEAS ADDRESS (MANDATORY). PLEASE TICK THE ADDRESS TO WHICH THE MAILS ARE TO BE SENT

DOOR NUMBER :	ROAD NAME :		
AREA :	LAND MARK :		
CITY :	STATE :	PINCODE	
PHONE NO (OFF) :	PHONE NO (RES)	MOBILE NO.	
E-MAIL ID :			

INDIAN ADDRESS (MANDATORY). PLEASE TICK THE ADDRESS TO WHICH THE MAILS ARE TO BE SENT

DOOR NUMBER :	ROAD NAME :		
AREA :	LAND MARK :		
CITY :	STATE :	PINCODE	
PHONE NO (OFF) :	PHONE NO (RES)	MOBILE NO.	
E-MAIL ID :			

### PASSPORT DETAILS

	PASSPORT NO.	DATE OF ISSUE	PLACE OF ISSUE	NATIONALITY	EXPIRY DATE
FIRST APPLICANT					
SECOND APPLICANT					
THIRD APPLICANT					

#### OCCUPATION

SERVICE     HOUSE WIFE     STUDENT     RETIRED     DOCTOR     NURSE  
 ENGINEER     SELF EMPLOYED     IT PROFESSIONAL     \_\_\_\_\_

#### MODE OF OPERATION

SINGLE     EITHER OR SURVIVOR     FORMER OR SURVIVOR     JOINTLY BY ALL  
 ANY ONE OF US OR SURVIVOR     LATER OR SURVIVOR     \_\_\_\_\_

Deposit Amount. Rs. .... ( Rupees ..... )

Deposit Period: ..... ROI :.....% Deposit Maturity Amount Rs.: .....

#### On Maturity of Deposit:

Renew principal plus interest (Automatically)     Renew principal only (Automatically)     Do not renew     Pay Cash (if maturity value is <Rs.20000)  
 Issue Local Draft / DD.     Credit to account No. ....

#### For Regular Interest Payment

Monthly     Quarterly     Half Yearly     Yearly

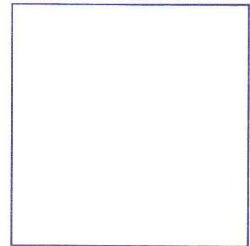
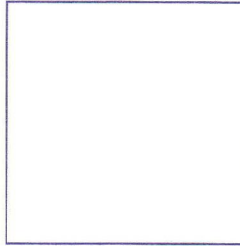
Issue Local Draft / DD.     Credit to account No. ....

Do you want to receive due advice:  Yes  No



**REMITTANCE DETAILS**

- DEBIT MY / OUR A/c No. \_\_\_\_\_ WITH TMB \_\_\_\_\_ BRANCH \_\_\_\_\_
- CHEQUE / DEMAND DRAFT No. \_\_\_\_\_ DATED \_\_\_\_\_ DRAWN ON \_\_\_\_\_ BANK ENCLOSED.
- TT No. \_\_\_\_\_ DATED FOR AMOUNT \_\_\_\_\_

**SPECIMEN SIGNATURE AND PHOTO**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DECLARATION**

(1) I/We hereby declare that I am/we are non-resident Indian(s)/ of Indian Origin. (2) I/We understand that the above account will be opened on the basis of the statement / declarations made by me/us, and I/We also agree that if any of the statements/declarations made herein is found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/us. (3) I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after date of maturity of the deposits. (4) I/We agree to abide by the foreign currency (Non-Resident) Account/Non resident (external) account scheme, non resident (ordinary) account scheme. (5) I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. (6) I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing rules and regulations, laid down by Reserve Bank of India in this regard. (7) I/We authorize the bank to automatically renew the deposit on the due date for an identical period unless the instruction to the contrary from me/us is received by the Bank before maturity. I/We understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal. (8) I/We further understand that the interest applicable on renewal will be at the applicable ruling rates on the date of maturity and that the renewed receipt will be made available on my/our presenting duly discharged original receipt on the maturity date or later for payment.

**DECLARATION CUM UNDERTAKING OF NRI**

(Under Section 10(5), Chapter III of Foreign Exchange Management Act, 1999)

I/We hereby declare that the transaction(s) the details of which are specifically mentioned in the Schedule hereunder does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act, or any rule, regulation, notification, direction or order made there under. I/We also hereby agree and undertake to give such information/documents, before the Bank undertakes the transaction(s) and as may be required from time to time as will reasonably satisfy you about the transaction(s) in terms of the above declaration. I/We also understand that if I/We refuse to comply with any such requirement or make unsatisfactory compliance therewith, the bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me/us shall report the matter to Reserve Bank of India.

\_\_\_\_\_  
(Signature of the 1st applicant)

\_\_\_\_\_  
(Signature of the 2nd applicant)

\_\_\_\_\_  
(Signature of the 3rd applicant)

**INTRODUCTION DETAILS**

NAME : \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CUSTOMER ID : \_\_\_\_\_

I confirm that I am an account holder with Tamilnad Mercantile Bank Ltd for over 6 months. I confirm that, I personally know the applicant/s detailed herein for more than 6 months and confirm his/her identity and address.

\_\_\_\_\_  
Signature of Introducer

**FOR BANK USE**

I hereby declare that this account opening form is complete in all respects. I have verified the signature of the introducer and it is found correct. All the signatories have signed in my presence. All KYC norms are fully complied with. Relevant documents have been obtained. I have verified the documents produced for identity and address proof with the original and certified to that effect on the copies. I authorise opening of the account.

\_\_\_\_\_  
Signature of officer

\_\_\_\_\_  
Name & P.A.No.

# ATM CUM INTERNATIONAL DEBIT CARD APPLICATION FORM

Name of the Branch	Customer ID	Type of Account
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APPLICANT NAME IN FULL: \_\_\_\_\_

ACCOUNT NUMBER

DATE OF BIRTH

NAME TO BE EMBOSSED

I would also like to link my following TMB SB/Current Account to my ATM Cum Debit card

ACCOUNT NUMBER (Primary account Number)

TMB ATM CARD NUMBER (If already obtained)

MOTHER'S NAME: \_\_\_\_\_

## DECLARATION

I hereby authorize Tamilnad Mercantile Bank Ltd., to issue me DEBIT CARD as desired by me and to debit the above account(s) for all withdrawals/payments to be made by using the DEBIT card including Bank's charges / fee from time to time. I hereby declare that the above particulars furnished by me are true / correct. Further I have read, fully understood and do accept the 'DEBIT CARD' terms and conditions and agree to be bound by the changes that may be made therein from time to time.

Date : \_\_\_\_\_ Signature of the Applicant \_\_\_\_\_

### For Joint Account Holder(s) (E or S) Only :

I/We the joint account holder/s, state that I/We have no objection for issue of the DEBIT CARD to the above applicant and hereby authorize Tamilnad Mercantile Bank Ltd., to debit the above account(s) held by us jointly towards all withdrawals / payment made by the applicant by using the DEBIT Card, including the bank's charges / fees from time to time.

Date : \_\_\_\_\_ Signature of the Applicant(s) \_\_\_\_\_

## FOR BRANCH USE

APPLICATION NUMBER	
--------------------	--

The Signature(s) of the applicant(s) verified. The application is in order. Recommended to issue DEBIT CARD.

PLACE \_\_\_\_\_ Signature of MANAGER / ASSISTANT MANAGER  
 NAME:  
 DATE \_\_\_\_\_ PA NO:



# APPLICATION FORM - TMB eConnect (RETAIL)

(PLEASE FILL IN CAPITAL LETTERS)

Name of Applicant : \_\_\_\_\_ Branch: \_\_\_\_\_

Name of the Firm : \_\_\_\_\_

CUSTOMER ID :  To be filled in by the customer with the help of Branch

Internet Banking User ID [Choice 1] :  [Min. 6 Characters]

[Choice 2] :  [Min. 6 Characters]

(Special characters and blank spaces not allowed in User - ID)

Address : \_\_\_\_\_

\_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Pin code:

Telephone No. (O) \_\_\_\_\_ (R) \_\_\_\_\_ Fax No. \_\_\_\_\_

Mobile No : \_\_\_\_\_ Email address : \_\_\_\_\_

Date of Birth  Mother's Maiden Name: \_\_\_\_\_

Anniversary Date  PAN :

Gender :  Male  Female Marital Status :  Single  Married

## DECLARATION

I/we have read the Terms and Conditions applicable to TMB eConnect Retail services and agree to them. I/we are aware that the usage of TMB eConnect Retail facility is governed by the Terms and Conditions which are displayed on <http://www.tmb.in> in the site maintained by Tamilnad Mercantile Bank Ltd and I/we have reviewed the contents of the same. Further, I/we accept the Terms and Conditions governing internet banking of Tamilnad Mercantile Bank Ltd applicable for bank accounts as displayed on bank's website/mentioned in various pamphlets. I/we accept that I/we would be deemed to be aware of the contents of the Terms and Conditions and that all my rights and liabilities would be governed by the said Terms and Conditions by my act of accessing on <http://www.tmb.in>. I/we thereby agree to be subject to and comply with all the provisions of the Terms and Conditions which are incorporated by reference herein and deemed to be part of this Application Form to the same extent as if such provisions had been set forth in full herein. Necessary mandate is enclosed.

## ADDITIONAL TERMS AND CONDITIONS FOR NRI CUSTOMERS :

I/We agree that the facility of TMB eConnect shall be available only in specified type of accounts notified by Bank as eligible for internet banking facility from the time to time. I/we do hereby undertake that I/We shall not make available to any persons resident in India Foreign currency against reimbursement in rupees or in any other manner in India. I/we further confirm that all debits to my/our accounts for the purpose of investment in India and credit representing sale proceeds of investment in India are covered either by general or special permission of Reserve Bank of India. I/we agree that the facility of Internet Banking is available intra bank only and no fund transfer can be effected from other banks to my/our account maintained at Tamilnad Mercantile Bank Ltd as well as no fund transfer is permissible from Tamilnad Mercantile Bank Ltd to accounts maintained with other Banks. I/we further undertake and declare that any request made by me/us through TMB eConnect facility for transfer of fund shall be for the approved bonafide transactions of domestic nature only and in any event such request will not be in contravention to the various regulations framed under Foreign Exchange Management Act, 1999, Foreign Exchange Management [Deposit] Regulations 2000 and other rules and regulations laid down by Reserve Bank of India including Exchange Control Regulations.

I/we do hereby indemnify and forever keep indemnified the Bank and its successors and assigns from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the Terms and Conditions mentioned therein.

Place :

Date :

Signature

**MANDATE FOR JOINT ACCOUNT HOLDERS**

Place : \_\_\_\_\_

Date : \_\_\_\_\_

To  
The Branch Manager,  
Tamilnad Mercantile Bank Ltd  
..... Branch

Dear Sir,

Sub : Our Account in the name/s of ..... with you.  
I/We am / are maintaining the above referred account in the name/s mentioned above with you and the account is being operated by ..... individually / jointly. We wish to register our account with you for using the internet banking services, known as TMB eConnect. I/We hereby authorize Mr/Ms. .... to open internet banking services account with you and avail of the services provided by the Bank. I/We also agree and undertake that all the acts, deeds, things etc done or omitted to be done by the said Mr/Ms. .... shall be binding on me/us and I/We shall not question the same. I/We also agree the various terms and conditions accepted and signed by the said Mr./Ms. .... are ratified and shall be, binding on me/us.

Yours faithfully,

\_\_\_\_\_  
Joint Account holder I

\_\_\_\_\_  
Joint Account holder II

\_\_\_\_\_  
Joint Account holder III

**FOR BANK / BRANCH USE**

**INTERNET BANKING CELL USE**

<b>Application Number :</b>					
* Address verified with CUMM and * Address Type in CUMM matched by	Sign : Staff No:				
<p>Certified that the Name / Firm, Customer ID, address signature/s of the account holder/s are as per branch records. Resolution/mandate, wherever required, has been obtained and kept on record. We recommend for providing TMB-eConnect services to the applicant and he/she can be categorized as Retail ..... customer for charges and activation.</p> <p>DATE _____ Branch Manager's Signature</p> <table border="1"> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>P.A.</td> <td>_____</td> </tr> </table>		Name	_____	P.A.	_____
Name	_____				
P.A.	_____				
<p><b>* (For Branch Use)</b> - Please ensure that the address mentioned by the customer is already incorporated in the Finacle menu CUMM and check whether it matches with the field Address Type i.e. if the address mentioned here matches with Communication Address then the Address Type should be 'C' If it matches with Permanent Address then the Address Type should be 'P'</p>					

	Date	Staff. No.	Initial				
BDTM entered on							
USER ID created on							
BRCM linked on							
Password set on							
USER ID Printed on							
Password Printed on							
USER ID dispatched on							
Password dispatched on							
USER ID Allotted							
user Category							
<p>Signature of the processing Officer</p> <table border="1"> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Staff No.</td> <td>_____</td> </tr> </table>				Name	_____	Staff No.	_____
Name	_____						
Staff No.	_____						



**NOMINATION DETAILS:** I/We, at present, do not want to nominate any one, I/We will contact the bank/branch if needed in future

Date : .....

Signature of Account Holder / s

**NOMINATION FORM - DA1**

(to be obtained in case of deposit A/cs in the name of Individuals in Single/Joint names)

Registration No. \_\_\_\_\_

Nomination under Section 45ZA of the Banking Regulation Act 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

I / We ..... nominate the following person to whom in the event of my / our / minor's death, the amount of the deposits particulars whereof are given below, may be returned by ..... (name and address of branch office in which deposit is held )

**NOMINEE (Only One Nominee per Deposit Account)**

Nature of Account & No.	Name & address	Relationship if any	Age	If Minor** his / her date of birth	Additional details (if any)

\*\* As the nominee is a minor as on this date, I/We appoint Mr/Mrs. \_\_\_\_\_ aged \_\_\_\_\_ Resident of \_\_\_\_\_

to receive the amount of deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Date:

Place

**\*Signature (s) Thumb Impression (s) of Depositor (s)**

Witness (es):\*\*\* 1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*When deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor.  
\*\* Strike out if nominee is not a minor. \*\*\*Witness is required only for thumb impression and not for Signature.



**ACKNOWLEDGMENT FOR NOMINATION REGISTRATION  
(TO BE RETURNED TO THE CUSTOMER AFTER REGISTRATION OF NOMINATION)**

Name of the Depositors / and Address		Account Number
Nomination in favour of	Registered on	For Tamilnad Mercantile Bank Ltd  Officer/Manager.